

# HEALTH SYSTEMS 20/20 CARIBBEAN: FIRST QUARTER REPORT

January 2013

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Health Systems 20/20 Caribbean is a technical assistance program within the U.S.-Caribbean Regional PEPFAR Partnership Framework. Its purpose is to support governments to strengthen their health financing systems for a sustainable HIV/AIDS response in the Caribbean. The Health Systems 20/20 Caribbean project is implemented by Abt Associates Inc. and it is funded by the United States Agency for International Development (USAID), under the Cooperative Agreement # AID-538-LA-12-00001.

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# ACRONYMS

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>EU</b>	European Union
<b>HIV</b>	Human Immunodeficiency Virus
<b>HS20/20</b>	Health Systems 20/20
<b>MOH</b>	Ministry of Health
<b>MSJMC</b>	Mount Saint John's Medical Center
<b>NAP</b>	National AIDS Program
<b>NHA</b>	National Health Accounts
<b>NHIS</b>	National Health Insurance Scheme
<b>NGO</b>	Non-governmental Organization
<b>OECS</b>	Organization of Eastern Caribbean States
<b>PAHO</b>	Pan American Health Organization
<b>PLHIV</b>	People Living with HIV/AIDS
<b>UHC</b>	Universal Health Care
<b>USAID</b>	United States Agency for International Development
<b>UWI-HEU</b>	HEU, Centre for Health Economics of the University of the West Indies





# I. BACKGROUND

This is the first quarterly report for the Health Systems 20/20 (HS20/20) Caribbean project. HS20/20 Caribbean is a 13-month Associate Award under the leader Health Systems 20/20 cooperative agreement. The project continues the technical assistance for health systems strengthening and financial sustainability that Abt Associates provided to the islands of the Eastern Caribbean under the leader project.

The HS20/20 Caribbean project aims to build improved health financing capacity and leadership to ensure long-term financial sustainability of health and HIV programs in the Eastern Caribbean. Abt has partnered with HEU/Centre for Health Economics of the University of the West Indies (UWI-HEU) to further develop UWI-HEU's capacity to directly serve the needs of the region. The Project will work collaboratively with its partner and government stakeholders to:

- Conduct and build capacity for National Health Accounts (NHA) and HIV subaccounts in St. Kitts and Nevis, Dominica, St. Vincent and the Grenadines, and Barbados, to ensure that HIV program financial planning and system-wide health resource allocation are informed by evidence.
- Support HIV/AIDS costing and financial sustainability planning efforts in St. Lucia and Antigua, including strengthening financial management capacity.
- Provide support to advance National Health Insurance Scheme development in Grenada, to generate sustainable health sector revenue and promote coverage of HIV/AIDS services.

The project's vision is to build country capacity in core health system components – financing, governance, and operations – enabling health systems to function more sustainably and efficiently while maintaining attention to disease-specific priorities.

The expected outcomes of HS20/20 Caribbean are:

- Increased use of health and HIV expenditure data and unit cost information to inform resource allocation decisions, health sector reforms, financial sustainability planning, and advocacy.
- Strengthened Ministry of Health (MOH) financial management capacity, including the ability to conduct costing analyses and utilize costing data for strategic and operational planning.
- Strengthened regional institutional capacity to provide health financing technical assistance, specifically in NHA, and HIV subaccounts.
- Progress toward coverage of HIV/AIDS services by public and private health insurance.

This report covers the time period from project start date August 20, 2012 to December 31, 2012.



## **2. NARRATIVE SUMMARY OF ACTIVITIES**

### **2.1 ST. KITTS AND NEVIS**

In 2012, the Abt Caribbean team conducted an initial phase of NHA estimation in St. Kitts and Nevis under HS20/20. The initial phase collected data on health expenditures from government, donors, non-governmental organization (NGOs), insurance companies, and employers. The next phase of the NHA estimations, a household expenditure survey and a survey of PLHIV, will be conducted by UWI-HEU with support from the Abt team. During the first quarter, the Abt team drafted the household survey questionnaire and the survey for people living with HIV/AIDS (PLHIV), both of which examine household health expenditures and service utilization. The team also continued to refine the standard NHA methodology to ensure appropriateness in the small island context of the Eastern Caribbean. The team initiated the human subjects research review process at Abt, which has an Institutional Review Board, and began discussions with the government of St. Kitts and Nevis on the appropriate human subjects review process in the country as a formal review committee does not exist. The further implementation of this activity was delayed by negotiations around the subaward with UWI-HEU, which was signed by UWI-HEU on January 22, 2013. The UWI-HEU team is ready to review the draft survey instruments, methodology, and develop the household survey protocols. The team aims to initiate field data collection in late March.

### **2.2 DOMINICA**

In Dominica, an NHA estimation was also started under the HS20/20 leader project and the second phase of household and PLHIV surveys will be conducted under the HS20/20 Caribbean project. During the first quarter, the Abt team drafted the household survey questionnaire and the survey for people living with HIV/AIDS (PLHIV), both of which examine household health expenditures and service utilization. The team also initiated the human subjects research review process with Abt's IRB. The team has also begun initial discussions with the government of Dominica on the appropriate research ethics review process in the country, which does have a small research ethics review committee. The further implementation of this activity was delayed by negotiations around the subaward with the UWI-HEU, which has now been signed. As next steps, UWI-HEU will review the survey instruments, finalize the survey protocols, and assist in the completion of human subjects review processes. The team aims to initiate field data collection in early April.

### **2.3 ANTIGUA AND BARBUDA**

In 2012 under HS20/20, the Abt Caribbean team conducted a costing of primary care and HIV treatment and care services. This work has been continued under HS20/20 Caribbean. In November 2012, members of the HS20/20 Caribbean project team traveled to Antigua to disseminate preliminary results. A day-long dissemination workshop was held on November 13, attended by 20 officials representing the MOH, NAP, Community Health Services, Central Medical Stores, Medical Benefits Scheme, Mount St. John's Hospital (MSJMC) and Primary Health Care Centers. The Abt team also provided training to counterparts on using costing data for planning and resource allocation, and helped establish two local multi-institutional working groups to gather more complete data, using templates and processes

provided by the Abt team, to improve the cost estimation. The Abt team worked with the two groups (one for PHC and one for HIV costing) to agree on an action plan for collecting the missing data.

In consultation with the MOH and USAID/Barbados, the Abt team also refined the work plan for the next phase of technical assistance under the HS20/20 Caribbean project. The team had initially proposed assisting the MOH and National AIDS Program (NAP) in fully costing its newly developed National Strategic Plan for HIV. However, both the MOH and NAP expressed a very urgent request for technical support to estimate hospital costs at Mount St. John's Medical Center (MSJMC). The purpose of the costing would be to provide a more complete accounting of HIV/AIDS services and diagnostic costs to include those provided on an in-patient basis. The MOH is currently trying to better understand the costs of the hospital as it plans for the extension and modification of the MSJMC's management contract. Given the large portion of the government health spending allocated to MSJMC, the government feels it is important for sustainability to have a better understanding of the costs of the hospital. NAP leaders are also interested in obtaining hospital cost data because the NAP is responsible for covering the cost of services received by PLHIV at the hospital; currently the NAP lacks basic cost information needed for budgeting purposes. The MOH requested that USAID/Barbados shift its resources to fund the hospital costing instead of the National Strategic Plan costing. With support from USAID/Barbados, the team agreed on a revised action plan, including support and inputs to be provided by the government of Antigua. A trip to initiate this hospital costing is scheduled for late February 2013.

## **2.4 SAINT LUCIA**

In the first quarter, the HS20/20 Caribbean project began discussions with Saint Lucia's MOH about a study to estimate costs of the proposed Universal Health Care (UHC) program. During these discussions, the Abt team stressed the challenges of a costing exercise when data are limited. The Abt team prepared and submitted a technical needs document to outline the data requirements for the study desired by the MOH to help its leadership understand the challenges of conducting such a study. The MOH reviewed the document and noted the major data gaps that would not allow for a thorough costing at this time. In an effort to support such a study in the future, the team agreed to work with Saint Lucia's MOH to prepare a "roadmap" for collecting the appropriate data. Throughout the first quarter, the MOH was focused on preparing its annual budget for the Ministry of Finance and was not available for further discussions on next steps. However, in mid-January, the MOH confirmed its interest in proceeding with the activity, and a fuller scope of work is now being developed for the MOH's review. The MOH will form a small working group to develop the roadmap with the HS20/20 Caribbean team and a field visit is planned for April 2013.

## **2.5 ST. VINCENT AND THE GRENADINES**

As indicated in the approved HS20/20 Caribbean work plan, the project was commissioned to support the initiation of NHA, including an HIV subaccounts estimation, in St. Vincent and the Grenadines. Throughout the first quarter, the Abt team engaged in extensive discussions with St. Vincent's MOH leadership as well as local and regional EU representatives regarding this scope of work. With funding from the European Union (EU), the country is conducting a National Health and Nutrition Survey (NHNS). EU representatives suggested that this survey could be used to collect household expenditure data as well, thus avoiding the need for a stand-alone household survey effort and significantly lowering the costs of the NHA. The HS20/20 team prepared draft questions for inclusion in this survey. Unfortunately, in December the St. Vincent MOH determined that additional expenditure questions could not be added to the NHNS as this would overburden respondents, and they requested that the HS20/20 Caribbean team use data from the 2007/8 Country Poverty Assessment if possible.

Progress was slowed by ongoing discussions among EU and MOH leaders about the availability of EU funds to conduct NHA estimations. In early December, St. Vincent MOH officials communicated to the HS20/20 Caribbean team that the country would use EU funds to conduct the full NHA estimation – rather than asking the project to implement this scope. HS20/20 Caribbean was asked for assistance in conducting the HIV subaccounts estimation only, as well as helping to prepare the draft tender documents for an external consultant to conduct the full NHA. After discussions with the MOH regarding the tendering process and contractor needs, the team submitted a draft tender forecast to the MOH for review in early January.

In early January, the HS20/20 Caribbean team learned from the EU that St. Vincent cannot use EU funding to conduct the NHA estimation, and the EU hopes that the HS20/20 Caribbean team can support the full estimation effort. Given the confusing guidance and changes in requests, the team continues to discuss with USAID/Barbados and the MOH how best to provide assistance in this endeavor given the remaining funding for technical assistance to St. Vincent. The team is prepared to support either a partial NHA (to include government expenditures only) including the HIV subaccounts, or the HIV subaccounts estimation alone, in the second quarter of this year, depending on the outcome of imminently planned discussions with the MOH and the EU.

## 2.6 GRENADA

The HS20/20 Caribbean project work plan outlines a scope aiming to support Grenada's development of a National Health Insurance Scheme (NHIS). This scope has synergies with an activity proposed under the SHOPS project in Grenada to conduct a Health Insurance Industry Analysis. During the first quarter, the two project teams discussed how best to integrate and coordinate their efforts. Unfortunately, the MOH did not respond to either team's requests to discuss the scope of work for Grenada throughout the first quarter.

In an early January teleconference the MOH reconfirmed its interest in insurance-related technical assistance. However, upcoming Grenadian elections in February could complicate such support. The MOH has suggested that conducting a costing of health services may be less subject to political changes, and would also further support the implementation of the NHIS. This request has been communicated with USAID/Barbados and the team plans to finalize the activity scope on a trip to Grenada in late February, immediately following the elections.

## 2.7 OTHER REGIONAL ACTIVITIES

### 2.7.1 OECS MINISTERS MEETING

Project Team Lead Laurel Hatt traveled to Antigua to attend the annual Organization of Eastern Caribbean States (OECS) Health Ministers Meeting on October 11, 2012. She traveled on behalf of Kendra Phillips of USAID, who had been invited to give a presentation on health financing at the meeting but was unable to attend. The objective of the all-day meeting was for Ministers and Permanent Secretaries of Health from the nine OECS countries to discuss pressing issues facing the health sector in the sub-region. Dr. Hatt presented an update on USAID's funding for technical assistance in health financing, including accomplishments over the past year and planned activities going forward. Dr. Hatt was also able to use the opportunity for informal networking and updates with key counterparts in each country (Antigua, Grenada, St. Kitts and Nevis, St. Lucia, and St. Vincent) as well as donor collaborators in the region (PAHO, the World Bank, and UNICEF).

Key messages from the meeting included the urgent need to address the late payments to the OECS Pharmaceutical Procurement System which is undermining the region's drug supply chain. Proposals

were also made to coordinate health financing reforms across the region and establish dedicated funding sources for health. The OECS Secretariat also emphasized the need for increased sub-regional coordination for health services and health information systems to improve economies of scale. The HIV/AIDS Program Unit of the OECS expressed concerns that there may be challenges in securing future funding for HIV treatment and participants agreed that revitalizing the Regional Coordinating Mechanism was necessary to try to secure future Global Fund grants. The Ministers expressed their appreciation for USAID's support for health financing technical assistance and the OECS countries look forward to continued collaboration on costing studies, insurance reforms, and National Health Accounts.

### **2.7.2 COLLABORATION WITH PAHO AND OTHER PARTNERS**

During the first quarter, HS20/20 Caribbean has kept partners like the Pan American Health Organization (PAHO) and the UWI Health Economics Unit abreast of HS20/20 Caribbean-supported activities in the region. After discussions with PAHO's Dr. Ramon Figueroa at the OECS Health Minister's meeting, HS20/20 Caribbean shared a project policy brief (developed under HS20/20) describing differences between the NHA and satellite accounts methodologies. In December, the team held a teleconference with Dr. Figueroa to update him on project activities and discuss PAHO's support for costing and other health financing activities. Dr. Figueroa shared information regarding PAHO's regional support, including human resources for health planning in Antigua and satellite accounts training for MOH officials from Barbados.

The team has also kept in regular contact with staff from both the Futures Group and the Futures Institute, who are implementing costing-related work in the eastern Caribbean. HS20/20 Caribbean has shared information gathered from the Health Systems Assessments as well as advice on how to best communicate with and engage key stakeholders from the countries, based the Abt team's experience working in the eastern Caribbean. As UWI-HEU is a partner for the Futures Institute and Abt, the team is cognizant of the need to collaborate to avoid overloading the UWI-HEU team.

### 3. CHALLENGES

A few challenges should be briefly highlighted here:

1. The project may face difficulties in documenting the required 5% cost share contribution. Some specific approaches to cost share identified during the proposal phase may not be feasible. For instance, the inclusion of health expenditure questions in the (European Union-funded) St. Vincent and the Grenadines Health and Nutrition Survey would have provided substantial cost share, but the country decided not to include expenditure questions. The project continues to work to identify cost share opportunities and will keep the AOR informed about progress.
2. The multiple changes in requests from St. Vincent counterparts has made it difficult to finalize the project's scope of work there, and communications difficulties with the Ministry of Health compound the difficulties. Project resources have been spent responding to requests from the government that were later changed. Further delays in finalizing the activity scope and obtaining clear input from these counterparts could constrain our ability to achieve project objectives in St. Vincent.
3. Elections in Grenada, upcoming in February, could threaten the project's ability to rapidly implement technical assistance activities there, particularly if there is a change in administration.





## 4. MONITORING AND EVALUATION

No.	Indicators	Target (Country)	Progress to Date	Frequency	Assumptions
1	# of countries where full National Health Accounts (NHA) estimation has been completed	2 (St. Kitts and Nevis, Dominica)	0 In progress	end of project	Consistent participation of government and private sector officials
2	# of countries where HIV subaccounts completed	3 (St. Kitts and Nevis, Dominica, and St. Vincent)	0 In progress	end of project	Consistent participation of government and private sector officials
3	# of tools, templates, and mechanisms developed and delivered for improved counterpart financial management	2 (Antigua, St. Lucia)	1 (Antigua)	quarterly and end of project	
4	# of countries with unit costs for HIV clinical services estimated	1 (Antigua)	1 (Antigua)	end of project	
5	# of Ministry of Health (MOH) staff trained in costing and/or use of cost data	5 (Antigua)	11 (Antigua)	quarterly and end of project	Training leads to increased capacity for financial management.
6	# countries where National Health Insurance preparatory analyses submitted to MOH	1 (Grenada)	0 Initiating in Q2	end of project	
7	# of economists at regional institutions with strengthened capacity to provide health financing technical assistance	3	2	end of project	Key staff at UWI-HEU will be able to lead National Health Accounts and HIV subaccounts estimations independently.
8	# of regional events or meetings at which the project disseminates findings or contributes to regional policy discussions	3	1	quarterly and end of project	Participating in such events magnifies the impact of USAID's investments and contributes to knowledge translation.

## 5. SUCCESS STORY

### ANTIGUA AND BARBUDA: COSTING FOR SUSTAINABLE DELIVERY OF HIV/AIDS SERVICES

Delcora Williams, Director of the National AIDS Program (NAP) for the Antigua and Barbuda, faces challenges in continuing to provide support to the estimated 918 people living with HIV/AIDS (PLHIV) on the islands. In 2012, Antigua and Barbuda completed a National Strategic Plan for HIV/AIDS. While the plan is clear, the NAP's ability to achieve its objectives hinges on broader capacity within the health system, particularly given diminishing donor funding.

Without adequate financial reporting systems, Ms. Williams could not quantify the resources required to support the activities captured in the strategic plan. "How much does it cost to continue delivering anti-retroviral drugs to the PLHIV?" she wondered. "What will be the cost implications of integrating voluntary counseling and testing services into primary health care facilities?"

To help answer these questions, the Health Systems 20/20 project conducted a costing of clinic-based HIV/AIDS services as well as services offered through primary health care centers. The study aimed to inform the government's planning for further integration of these services, as well as improve understanding of costs, given funding constraints for HIV/AIDS.

In November 2012, the Health Systems 20/20 Caribbean project team presented the costs of delivering a defined basket of services used by PLHIV to a working group that included Ms. Williams and other senior government leaders responsible for implementing the National Strategic Plan for HIV/AIDS. The team provided training for decision-makers on how to interpret cost information and use it for decision-making that will support sustainable care for PLHIV and strengthen prevention efforts nationwide. The team also provided training on data collection and facilitated the formation of small working groups, which will gather more complete data on the costs of opportunistic infections which can be an added burden to the health system.

Such costing work lays the groundwork for future activities that seek to measure the cost of delivering HIV/AIDS preventive services and to quantify the cost of care at Antigua and Barbuda's only tertiary hospital facility. In a time of changing donor priorities and limited fiscal space, Ms. Williams can now advocate for the resources she needs to help prevent and treat HIV/AIDS among members of her community.





